MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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3	D . D		/	0	10
	Reg. Dist.	No.			

1. PLACE OF DEATH: County Garrett	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)				
City or town Oakland, Maryland. (If outside city or town limits, write RURAL and give nearest town)	state Maryland county Garrett				
How long in above place of death? Life time	City or town. Uakland, Ad. (If outside city or town limits, write RURAL and give nearest town)				
Hospital, Institution, or street address where death occurred:	Street No				
Now long in hospital or institution?	2.(a) If veteran, name war				
3. (a) FULL NAME PRATE	3. (b) Social Security Number				
Aunita Belle, Browning.					
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION A.M				
Female White Married.	20. DATE OF DEATH September 20th, 1946 216:45				
5.(6) Name of husband or wife. Grover C. Browning.	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from				
7. Birth date of 35 27. 27. 1. 2006	8 Nec 19. # to 20 Sept 19. #6 and that I last saw h. dor. allve on 10 Sept 19. #6				
7. Birth date of deceased (mo., day, yr.) March 27th, 1896.	Immediate cause of death DURATION				
8. AGE: Years Months Days If less than one day	Transcollete Cause of Ceautiful Transcollete				
50 5 23hrsmin.	Carcuma Werus				
9. Dirthplace Queen Ann County, Md. (Town, county, and state)	Due to				
10. Usual occupation House wife					
11. Industry or business	Due to				
	Other conditions				
3 Birthplace Queen Ann County, Md.	(Include pregnancy within 3 months of death)				
14. Maiden name Sarah Bright,	Major fiadings of operations				
15. Sirthplace Queen Ann County, Md.	major radings of operations				
14. Maiden name Sarah Bright, 15. Strthplace Queen Ann County, Md. 18. Informant Grover C. Browning.	Autopsy results				
Address 'Oakland, Maryland.	PHYSICIAN: Please underline the cause to which death should be charged statistically.				
17 Burial Date thereof Sept. 22d/46 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide				
Cometery or crematory Thayerville Cemetery.	Where did injury occur?				
Thayerville, Maryland.	injured at home, farm, Industry, public place (where?)				
18. Funeral director Engrave D. Bolden	Means of Injury Injured at work?				
Address Oaklafind. Mith	23. SIGNATURE G. S. Mance. Mrs.				
18. 1-21- (Date rec'd by registrar) 19. 46. Julia Lower Registrar	Address October Address October 20 Sept 4				

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /59)

CERTIFICATE OF DEATH

Reg. Diat. No....

How long in above place Hospital, institution, or	er Park, outside city or town lin of death?	nits, write RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. Maryland County Garrett City or town. Deer Park, Md. (if outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(2) If yeteran, name war.				
3. (a) FULL NAM				3. (b) Social Security Number			
		ia Giatras.					
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CI	ERTIFICATION			
Female	White	Single.	20 DATE OF DEATH September	29th 1946 11/130			
		8.(c) If allve, give ageyear	21. I CERTIFY that death occurred on the date above and that I last saw here	ve stated: that I attended deceased from to 29 Dept 146 28 Sept 1966			
8. AGE: Years	s Months	Days If less than one day	Immediate carge of death Samualine S	usth			
10. Usual occupation 11. Industry or busines 22 12. Name	James Geo	orge Giatras. rland, Md.	Due to				
15. Birthplace	Deer Pa James G.	e A. Montgomery. ark, Maryland. Giatras. Maryland.	Actopsy resolts	hich death shoold be charged statistically.			
17Burla (Burlal, cremation Cemetery or cremate	n, or removal. Which?) Ory	Date thereof Sept. 30/46 (month) (day) (year) Park Cemetery. Md.		(County) (State) here?) tajured at work? M. D. or other			
Date rec'd by re	egistrar)	Registra	i Address Calcland	and Dato signed 3 been 46			

BUREAU V.B.

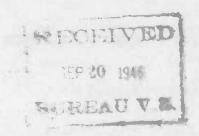
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The construction is especially important. Physicians: please write the causes of death clearly and legibly.

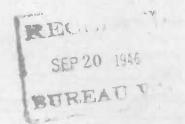
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-d

1. PLACE OF DEA	TH:			2. USUAL RESIDENCE (HOME) (For newborn infants give residence of	OF DECEASED:			
GountyG.	rrett			Moryland Garrett				
City or town	Grantsv	ille	URAL and give nearest town)	State County County				
How long in above place of	of death?	ife t	ime	City or iown				
Hospital, Institution, or	street address where	death occurre	:	Street No.				
			***************************************		e LOCATION)			
How long in hospital or	Institution?		•••••••••••••••••••••••••••••••••••••••	2.(a) If veteran, name war				
3. (a) FULL NAME					3. (b) Social Security Number			
	Charlot	te Am	elia Gtinn					
4. Sex	5. Color or race		e, married, widowed, or divorced	MEDIÇAL, C	ERTIFICATION			
Female	White		Widowed	20. DATE OF DEATH PLAT	6 1946 . SiooP			
6.(b) Name of husband of	7/11/1	am	Guinn	21. I CENTIFY that death occurred on the date ab	pove stated; that I attended deceased from			
	WIIIC.			mu / 19				
7. Birth date of			c) If alive, give ageyears	and that I last saw h 2 alive on	AT 16/ 1846			
deceased (mo., day, yr				Immediate cause of death.	DURATION			
8. AGE: Years	Months	Days	if less than one day	La entral My	acusar legel 5 days			
66	8	15	hrsmin.					
9. Birthplace	Grantsvi (Town,	lle,	Md.	Due to				
10 Ileual occupation	Housew	ife						
11. Industry or business				Due to	•••••			
		tohl	ч	Bihar conditions O DANIEC	Mescarbles			
	Berlin,		<u> </u>	Strict Conditions.				
			heets	(Include pregnancy within 3				
14. Maiden name 15. Birthplace	C~+-			Major findings of operations				
≥ 15. Birthplace	Grants	BVIII	e. Md.		Date of op			
16. Informani Mr	s Haywar	d Bro	adwater	Autopsy results	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Address	Grants	ville	. Md.	PHYSICIAN: Please underline the cause to v				
				22. VIOLENCE: If death was due to external ca				
(Burial, eremation,	or removal. Which?	Date the	Sept. 19, 1946 (month) (day) (year)	Accident, suicide, or homicide	Date of			
Cemetery or cremator	Cno	ntsvi	lle	Where did injury occur?(City or town)	(Connty) (State)			
Location	Grant	svil	e, Md.	Injured at home, farm, Industry, public place (where?)			
			trang	Means of Injury	Injured at work?			
			Maryland	1/ 1/4	1011			
Address	/ A	110,	DD 1 +	23. SIGNATURE	full (ICV)			
19 Rept	18 1946	Ith	*[Draguater	1 Steantwell	M. D. or other			
(Date rec'd by reg	ristrar)		Registrat	Address	Date signed for from from from from from from from			



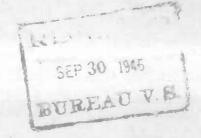


MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Bia

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Reg.	1)	01	n Ji	itia	6
	_ 11	201		0	

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Garrett	
City or town. Oakland, Maryland. (If outside city or town limits, write RURAL and give neare How long in above place of death?	State County Cou
How long in show sizes of death?	City or town Oakland, Md.
Hospital, institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Elmer Haulenbeek.	None
Elmer Haulenbeek. 4. Sex 5. Color or race 8.(a) Single, married, widowed, or d	worced MEDICAL CERTIFICATION P?M.
Male White Widower	20. DATE OF DEATH. September 22d, 1346 ,at10:30 M
8.(6) Name of husband or wife Blanch S. Haulenbe	
	10 10 10 10 10 10 10 10 10 10 10 10 10 1
Deceased 8.(c) If alive, give age	and that I last saw h
deceased (me., day, yr.) Jan 11th, 1878.	Immediate cause of death DURATION
8. AGE: Years Months Days It less than one day	Chronic reasition
	mln.
9. Birliplace Washington, D. C.	Due la arterio scleroses
10. Usual occupation. Retired Fish Warder	1.
10. USUZI UCCUPERIUR	Due to
tt. tndustry or business 12. Name George W. Haulenbeek.	
	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Susan Conover.	Major findings of operations
5 15. Birthplace	Dajo et op.
Flomon Haulanhaak Ir.	Antopsy results.
	PHYSICIAN: Please underline the caose to which death should be charged statistically.
Address Wilkensburg, Pa.	5+b /AC 22. VIOLENCE: If death was due to external causes, fill in the fellowing;
17. Burial Barial Sept. 25 (month) (da	OUN/40 Accident, suicide, or hemicide
Cemetery or crematory Deer Park Cemeter	Y • Where did injury eccur?
Lecation Deer Park, Maryland.	Injured at home, tarm, industry, public place (where?)
18. Funeral director Express D / Boly	Kese Moans of Injury injured at work?
Address Calilland. M	1d. Sommer man ma
19 9- 24- 19 46 Julia Kon	23. SIGNATURE D. M. D. or other
(Date rec'd by registrar)	Registrar Address Dakland Md Date signed 9/23/46



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 50

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CERTIFICAT	TE OF DEATH Reg. Dist. No.				
1. PLACE OF DEATH: County City or town. Mt. Lake Park (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, Institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Garrett City or town Mt. Lake Park (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) It veteran, name war				
3. (a) FULL NAME	3. (b) Social Security Number				
Henrietta King Lewis	49 49 49 48 40				
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Female White Married	MEDICAL CERTIFICATION 20. DATE OF DEATH Sept. 29th 46 49:15A				
6.(b) Name of husband or wife. George Lewis 5.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) August 20, 1878	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 19. 46. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10				
8. AGE: Years Months Days If less than one day	Immediate causa of death DURATION DURATION DURATION				
9. Birthplace Grant Co., W. Va. 10. Usual occupation House Wife 11. Industry or business Own Home 12. Name John B. King 13. Birthplace Garrett Co., Md. Sarah Yocum 14. Maiden name Virginia 15. Birthplace Virginia	Due 10				
Address Vindex, Maryland. 17 Burial (Burial, cremation, or removal, Which?) Cemetery or crematory King Cemetery Location 1 Mi. S.E. Loch Lynn 18. Funeral director Called Cal	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, till in the following: Accident, suicide, or homicide				

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 172

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	Nog. Dist. NV:				
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newbore infants give residence of mether)				
City or town Deep Creek Lake, Nr. Oakland (If outside city er town limits, write RURAL aed give nearest town)	State Penn, County Allegany				
How long in above place of death? Maryland	City er town Swissyale, Pittsburgh (If outside city or town limits, write RURAL and give nearest town)				
	Street No. 1912 Monoe, St. (If rurat, give LOCATION)				
How long in hospital or institution?	2.(a) It veteran, name war # 11* Army S. # 0-1590125				
3. (a) FULL NAME	3. (b) Social Security Number				
Harold P. Rabatin	194-05-0328				
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION 5:30 P.M.				
Male White Married	20. DATE OF DEATH September, 8, 1946 at Earl m				
6.(b) Name of husband or wife Margaret Andreso Rabatin	Evamined after death.				
7. Birth date of	and that I last saw halive on				
deceased (mo., day, yr.) July 27, 1916 8. AGE: Years Months Days It less than one day	Immediate cause of death				
	Accidental Drowning				
30 1 20					
9. Birthplac North Braddock, Ba. (Town, county, end state)	Due to				
10. Usual occupation Brick Layer					
11. Industry or business	Due to				
12. Name. George Rabatin 13. Birthplace Pottsville, Pa.	Dther conditions				
13. Birthpiace Pottsville, Pa.					
14. Malden name Eliz Lukas 15. Burthplace Pottsville Pa	(Include pregnancy within 3 months of death)				
15. Birthplace Pottsville Pa	Major findings of operations				
16. Informant A. J. Podolski,	Autopsy results.				
Address Farrell, Pa.	PHYSICIAN: Please uederlice the caese to which death should be charged statistically.				
(Burial, cremation, or removal, Which?) Date thereof. Sept. 12, 19 (menth) (day) (year)	Accident, suicide, or homicide ACCICENTIAL Date of 9/8/ 1946				
Cemetery or crematory Monongahalia Cemetery	Where did injury occur? Deep Creek Lake Garrett Co (City or town) (County) (State)				
Location Monongahalia. Pa.	Injured at home, tarm, Industry, public place (where?) Deed, Greek, Lake				
18. Funeral director Emroy D. Bolden	Means of injury Drowning-boat capsi ged at work? No				
Address Oakland. Rd.	23 SIGNATURAD & BOURN Partner THE Externer Serve OFC				
19. 9-9- 1946 19 Wegistrar) Registrar	m. D. or etner				

Gwisevale, Pittsburgh,

lylk Honne, Bt.

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Sept. 18, 1946

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (172)

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Reg.	D	int	. 1	Vo.	12		

County Garret		a Wm	Ookland Va	Penn • County Allegheny				
How long in above pla	ace of death? 1- d	ay	Oakland. Md. RURAL and give nearest town)	City or town (If outside city or town limits, write RURAL and give nearest town)				
Hospital, Institution,	or street address where	death occurre	d:	Street No. 8200 West Moreland St. a. (If rural, give LOCATION)				
How long in hospital	or Institution?			2.(a) if veteran, name war				
3. (a) FULL NA	ME	Literal I			3. (b) Social Security	Number		
	Frankli	n Tarr			None			
4. Sex	5. Color or race	6.(a)Sing	e, married, widowed, or divorced	MEDICAL C	ERTIFICATION			
Male	White	S	ingle	20, DATE OF DEATH Sectember, 8.	1946 19	, 5:30 P N		
	George and			21. I CERTIFY that death occurred on the date ab				
6.(b) Name of husbar	nd or wife			Examined after deaths				
7. Right date of				end that I last saw halive on				
deceased (mo., da				Immediate cause of death				
8. AGE: Ye	Months	Days	If less than one day		000===000==============================	***		
	9 5	25	hrsmin	Accidental Drowning	***************************************	00**		
9. Birthplace Nor	th Braddok	k Pa.	state)	. Due to				
			***************************************	Due to		***		
	ess Student							
E				Other conditions	***************************************	***************************************		
	Vernoa, Pa	•		(Include pregnaocy withio 3	months of death)			
14. Malden nam	Lillian R North Brad	abatin		Major findings of operations				
15. Birthplace	North Brad	dock Pa	1.	Date of op.				
16 Internant A	.J. Podole	skv		Autonsy results		000000000000000000000000000000000000000		
	rrell, Pa.	· · · · · · · · · · · · · · · · · · ·	o= 000000000000000000000000000000000000	PHYSICIAN: Please underline the cause to w	hich death should be charges			
WRAI C22	ion, or removal. Which Mononga	Date the	(month) (day) (year)	22. VIOLENCE: If death was due to external can Accident, euicide, or homicide. Accident				
Cemetery or crem	atory	arra,	Odinerel A	Where did injury occur? Deep Creek (City or town) Injured at home, farm, industry, public place (s	Deen Creek	(State)		
Location Mon	ongahalia,	Pa.		Injured at home, farm, industry, public place (w	there?)			
18. Funeral director	Emroy D. B	olden		Means of Injury Drowning-boat	apor fillred at work?	1. 1000		
	land, Md.			23. SIGNATURED 19 BALLANJAN	her and Ear	my Darratt		
19. Sept 9 (Date rec'd by	registrar) 46	J.	lia A. Rowan Registra	Oakland, Md.	M, D Date signed	9/9/ 46		

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (72)

CERTIFICATE OF DEATH

(9049 Reg. Dist. No. 166

1. PLACE OF DEATH: Garrett County				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)				
City or town Deep	contaids city or town in	inita, write K	Oakland. Md. URAL and give nearest town)	State County Cou				
How tong in above pla Hospital, institution,	ce of death? 1-day or street address where	death occurred						
How long in hospitat	or Institution?							
3. (a) FULL NAI	WE George Ha	mmon T	err					
4. Sez Mal e	5. Color or race	6.(a) Single	, married, widowed, or divorced	Sentember 8	ERTIFICATION	at 5.130P m		
8.(b) Name of husband or wife Lillian Tarr. 6.(c) If alive, give age 37 years 7. Birth date of deceased (mo., day, yr.) Qua. 19, 1906				23. DATE OF DEATH 1946 at .5.330P at .21.1 CERTIFY that death occurred on the date above stated; that I attended deceased from Examined after death to 19.				
8. AGE: Yea		Days 19	If less than one dayhrsmin.	Accidental drowning		DURATION		
9. Birthplace Verona. Pa. (Rown, county, and state) 10. Usual occupation Bell Tel Co., Repairman. 11. Industry or business (Town, county, and state) 12. Charles Tarr				Due to				
14. Malden name 15. Birthplace M	erona. Pa. Nellie Bal dississippi	ldwin.	Deceased	Clucinde pregnancy within 8 months of death)				
Address Fa	rrell, Pa.			PHYSICIAN: Please underline the cause to which death should be charged statistically.				
Cemetery or crema	m, or removal. Which?) Monongaha	lia Cem	Sept, 9, 1946 (month) (day) (year) netery	22. VIOLENCE: If death was due to external causes, fill in the following: 9/8/46 Accident, suicide, or homicide. Accidental Bate of 9/8/46 Where did injury occur? Deep Creek Lake, Garrett Co. Md. (City or town) (County) (State) Injured at home, farm, industry, public place (where?)				
LOGSTION	mroy D. Bo	*******************		tnjured at home, farm, industry, public place (wh		Dake.		
Address C	mroy D. Bo		in A Parrow	23. SIGNATURE 8. D. BOLLING	on took to Death	3. Mel.		
(Date rec'd by r	19 46	Jul	ia A. Rowan - Local Registrar	Address Oakland, Md.	Rate cionad	79746		

AND THE PARTY OF T AND THE REAL PROPERTY. Aprilation & all the little CHE CHANGE SHOP DONE RECEIVED SEP 17 1946 BUREAU V B. . El . There ? to feet mark you let the? LET ADDRESS TO LEAVE THE ROBERT AND THE or discontinue And the state of the state of the - Short Industrial El Shoels of 148 AME .